CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Lynne R. Matthews	OFFICE USE ONLY				
	Name	OFFICE OF THE CITY CLERK				
(2)	1256 Pine Siskin Drive					
	Address (number and street) Punta Gorda, FL 33950	(8-30-24A 09:49 RCVD				
	City, State, Zip Code					
	☐ Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):	(c) 12 Nambor.				
(*)	✓ Candidate Office Sought:					
	☐ Political Committee (PC)					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	Identifiers				
Cov		08 / 23 / 2024 Report Type: G1				
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cas	h & Checks \$, , _0000	Monetary Expenditures \$, 7, 666 . 94				
Loans \$, , _0000		Transfers to Office Account \$, , , 00. 00				
Tota	al Monetary \$, , 00 . 00	Office Account \$, , 00. 00				
1018	Il Monetary \$, , 00 . 00	Total Monetary \$, 7 666. 94				
In-K	ind \$, , 00.00	, , , , , , , , , , , , , , , , , , , ,				
		(8) Other Distributions				
		\$, , <u>00</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$, <u>24</u> , <u>600</u> . <u>17</u>	\$, <u>10</u> , <u>443</u> . <u>84</u>				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete:						
(T	(Type name) Donald R. Leitch (Type name) Lynne R. Matthews					
	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)				
or	electioneering comm.)	· A Pu				
X	E SUN SUN	x Fine Math				
S	ignature	Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lynne R. Mat	tthews		(2) I.D. Number	
(3) Cover Period 08	/ 16 / 2024	_ through _08 / _23 /	2024 (4) Page 1	of ¹

(5)	(5) (7) (8)			(10)	(11)
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1	C&R Graphics 2320 Tamiami Trail Port Charlotte, FL 33953	Mailer expense	CAN		7666.94
//					
/ /					
/ /					
//					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynne R. Matthews			(2) I.D. Number					
(3) Cover Period	08	through /	23 / 2024	(4) Page	1 0	f		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10)	(11)	(12)		
Number	City, State, Zip Code	Type Occupation	Type	Description	Amendment	Amount		
1 1								
1 1								
1 1								
1 1								
1 1								
	y .							
I I								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES